What is Ethnic Dermatology?

- USA – “Skin of Color”
- (“Skin type IV – VI”)
- African, Asian, Middle-Eastern, Hispanic/Latino descent
Why Ethnic Dermatology?
US Census Bureau 2014 National Projections

By 2060...

- White population will decrease from 62% - 44%
- Non-white population will increase from 38% - 56%
- Mixed population will increase by 226%
- Asian population will increase by 128%
- > 50% USA will be non-white
- “Minority majority” nation
Figure 9.
Change in Total Population and Population Under 18 by Race and Hispanic Origin: 2014 to 2060
(In percent)

Total:
- White: -8.2%
- Black: -23.4%
- AIAN: -20.1%
- Asian: 129.1%
- NHPI: 66.7%
- Two or More Races: 218.9%
- Hispanic: 145.7%
- Minority: 114.8%
- Hispanic: 94.7%
- Minority: 50.0%

Note: Unless otherwise specified, AIAN includes American Indian and Alaska Native. Minority refers to everyone other than the non-Hispanic White alone population.

Source: U.S. Census Bureau, 2014 National Projections.
Office for National Statistics, Ethnicity and National Identity in England and Wales 2011

- UK has seen an increase in the non-white population by 61% between 2001 (8.7%) and 2011 (14%)
UK TRENDS-EF 2001
Projections

By 2051...

- White population will decrease from 92% - 79%
- BME population will increase from 8-21%
- Mixed population will increase by 148-249%
- Asian population will increase by 95-153%
QUALITY STANDARDS FOR DERMATOLOGY

PROVIDING THE RIGHT CARE FOR PEOPLE WITH SKIN CONDITIONS
Many people with skin conditions (such as those undergoing phototherapy) need to attend dermatology treatment services two or three times a week for several weeks, which makes public and/or patient transport services particularly important.

The location of services and the types of premises used to deliver dermatology services should be informed by findings from a healthcare needs assessment and by service user feedback of their experience.\textsuperscript{5}

1.1.9 Services for children and young people

Services for children should be child centred and provided in a child-friendly environment with appropriately trained staff.\textsuperscript{11} Integrated care pathways should be established and due consideration should be given to planning transitional care for young people progressing to adult services.

Rationale
Children and young people have specific needs. To ensure these are met, all healthcare professionals who work with children and young people with skin conditions should be appropriately trained and consideration should be given to the correct clinical environment and facilities. Services should take account of the principles outlined in the National Service Framework for Children, Young People and Maternity Services: Core Standards.\textsuperscript{11}

1.1.10 Expertise on skin disease in ethnic groups

All services should have knowledge of the ways some skin diseases can affect ethnic groups differently. If the relevant expertise is not available to treat specific patients locally, it is important that there is access to services that can do so.

Rationale
Over 6.5\% of the UK population belong to a minority ethnic group. Skin diseases manifest in and affect the skin of various ethnic groups differently and expertise is needed to assess and meet differing needs.

- 95% acknowledged unique/specific dermatological conditions in ethnic skin
- 4% had ethnic dermatology clinics as part of their training
- 22% had formal teaching session
- 49% felt they would be competent in treating UK’s ethnic population at end of training
- 71% felt ethnic dermatology should be incorporated into curriculum
Cosmetic dermatology in skin of colour?
Top dermatology conditions in skin of colour

- Acne, unspecified dermatitis or eczema, seborrhoeic dermatitis, Atopic dermatitis, **dyschromia**
  

- Acne, **dyschromia**, contact dermatitis/eczema, alopecia, seborrhoeic dermatitis
  

- **Dry skin, hair loss, uneven skin tone, dark spots**, acne
  
<table>
<thead>
<tr>
<th>AUTHOR</th>
<th>YEAR</th>
<th>STUDY POPULATION</th>
<th>PREVALENCE</th>
<th>RANK</th>
<th>LOCATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Halder²</td>
<td>1980–1983</td>
<td>2,550: 73.4% African Americans, 21.6% Caucasian</td>
<td>9% black; 1.7% white</td>
<td>3/13 black, 7/10 white</td>
<td>Washington, DC</td>
</tr>
<tr>
<td>Chua-Ty³</td>
<td>1989–1990</td>
<td>74,589: 77.2% Chinese, 9.9% Indian, 7.6% Malay, 5.3% Other</td>
<td>1.8% Chinese, 2.7% Malay, 2.3% Indian, 1.2% other</td>
<td>10/10</td>
<td>Singapore</td>
</tr>
<tr>
<td>Nanda⁴⁵</td>
<td>1992–1996</td>
<td>10,000: 38% Kuwaitis, 8% other Arabs, 4% non-Arabs; all children</td>
<td>0.42%</td>
<td>33/74</td>
<td>Kuwait</td>
</tr>
<tr>
<td>Hartshome⁸⁹</td>
<td>1999</td>
<td>7,029: 76.1% black, 10.9% Caucasian, 6.7% Indian, 5.1% colored (mixed race)</td>
<td>0.7% black, 0.1% Caucasian, 0.3% Indian, 0.5% colored (mixed race)</td>
<td>22/91 overall</td>
<td>Johannesburg, South Africa</td>
</tr>
<tr>
<td>Dunwell⁹⁰</td>
<td>2001</td>
<td>1,000: 95.6% Afro-Caribbean, 0.8% Caucasian, 2.2% Indian, 1.4% Chinese</td>
<td>22.8%* (includes PIH, melasma, solar lentigines)</td>
<td>3/18</td>
<td>Kingston, Jamaica</td>
</tr>
<tr>
<td>Sanchez¹⁰⁴</td>
<td>Published 2003</td>
<td>3,000: Latino (1,000 private practice, 2,000 hospital-based clinic)</td>
<td>6% private practice, 7.5% hospital-based clinic</td>
<td>7/12 private, 6/12 hospital</td>
<td>New York, New York</td>
</tr>
<tr>
<td>Arsuze¹⁰⁵</td>
<td>2004</td>
<td>1,064: black (African, Afro-Caribbean; FST V and VI); 228 children, 836 adults</td>
<td>6.1% children, 9.2% adults</td>
<td>6/16 children, 2/20 adults</td>
<td>Paris, France</td>
</tr>
<tr>
<td>Alexis¹</td>
<td>2004–2005</td>
<td>1,074: black and white</td>
<td>19.9% of diagnoses in blacks⁴, not in whites</td>
<td>2/14</td>
<td>New York, New York</td>
</tr>
<tr>
<td>El-Essawi¹²</td>
<td>Published 2007</td>
<td>401: Arab Americans (33.7% Lebanese descent)</td>
<td>56.4% uneven skin tone, 55.9% skin discoloration</td>
<td>Top 2 skin concerns out of 10</td>
<td>Detroit, Michigan</td>
</tr>
</tbody>
</table>

*Data not separated by race/ethnicity
Subsequent visits by the same patient were included in the data pool
PIH = Postinflammatory hyperpigmentation
FST = Fitzpatrick skin types

Quick Facts: **Highlights of the ASAPS 2015 Statistics on Cosmetic Surgery cont’d**

**TOP 5**
- The top five cosmetic surgical procedures in 2015 were:
  - Liposuction (396,048 procedures)
  - Breast Augmentation (305,856 procedures)
  - Tummy Tuck (180,717 procedures)
  - Eyelid Surgery (169,708 procedures)
  - Breast Lift (148,967 procedures)

- The top five nonsurgical procedures in 2015 were:
  - Botulinum Toxin (4,267,038 procedures)
  - Hyaluronic Acid (2,148,326 procedures)
  - Hair Removal (1,136,834 procedures)
  - Chemical Peel (603,305 procedures)
  - Microdermabrasion (557,690 procedures)

**GENDER**
- The top five surgical procedures for women in 2015 were:
  - Liposuction, Breast Augmentation, Tummy Tuck, Breast Lift and Eyelid Surgery. **Women had more than 11.5 million cosmetic procedures, 90.5% of the total.** The number of cosmetic procedures performed among women increased over 538% from 1997, when this survey was initiated by ASAPS.

- The top five surgical procedures for men in 2015 were:
  - Liposuction, Nose Surgery, Eyelid Surgery, Male Breast Reduction and Facelift. **Men had more than 1.2 million procedures performed, (9.5% of the total).** The number of cosmetic procedures performed among men has increased over 325% from 1997, when this survey was initiated by ASAPS.

**AGE / RACE**
- People age 35-50 had the most procedures performed (over 5.1 million accounting for 40.4% of the total).
  - Age 51-64 = 30.2%
  - Age 19-34 = 17.5%
  - 65 and over = 10.2%
  - Age 18 and under = 1.7%

- The most common surgical procedures per age group were:
  - 18 and under = Ear Surgery
  - 19-34 = Breast Augmentation
  - 35-50 = Liposuction
  - 51-64 = Liposuction
  - 65 and over = Eyelid Surgery

- Racial and ethnic minorities had approximately 25% of all cosmetic procedures, up 3% from last year:
  - African-Americans (7.7%)
  - Asians (6.2%)
  - Hispanics (9.7%)
  - other non-Caucasians (1.3%)

*Source: American Society for Aesthetic Plastic Surgery*

Please credit the American Society for Aesthetic Plastic Surgery when citing statistical data.
Contact: ASAPS Communications • 562.799.2356 • media@surgery.org • www.surgery.org • fax: 562.799.1098
Ethnic dermatology research?
Hyperpigmentation/Melasma/Skin lightening agents
Ethnic dermatology resources?
FOLLICULAR DISORDERS
- Pseudofolliculitis barbae
- Acne keloidalis nuchae
- Folliculitis decalvans
- Dissecting cellulitis

HYPERPIGMENTATION
- Post-inflammatory hyperpigmentation
- Periorbital dark circles
- Melasma
- Macular amyloidosis
- Exogenous ochronosis
- Naevus of Ito/Ota

SKIN LIGHTENING/SKIN BLEACHING

KELOIDS

HAIR AND SCALP DISORDERS
- Traction alopecia
- Central centrifugal cicatricial alopecia
- Acquired trichorrhexis nodosa
- Tinea capitis

OTHER...
Centre of Evidence Based Dermatology Skin of Colour resource

http://www.nottingham.ac.uk/research/groups/cebd/resources/index.aspx